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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Leonardo Andujar
Art Unit: 2826

DATE: January 17, 2006

FROM: Troy M. Schmelzer

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 7

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MESSAGE:

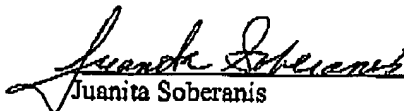
Patent Application No.: 10/643,717; Our Ref. 81912.0014

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Reply to the final Office Action dated November 14, 2005

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

January 17, 2006
Date of Deposit


Juanita Soberanis

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2826

CLIENT NUMBER: 81912.0014

ATTORNEY BILLING NUMBER: 73212

CONFIRMATION NUMBER: Return fax to Juanita Soberanis

PATENT
Attorney Docket No. 81912.0014
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Satoshi YANAGISAWA
Serial No: 10/643,717
Confirmation No.: 4701
Filed: August 19, 2003
For: Semiconductor Device with Semiconductor Chip
Mounted in Package

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Art Unit: 2826
Examiner: Andujar, Leonardo

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Alexandria, VA 22313-1450 on
January 17, 2006
Date of Deposit
Juanita Soberanis
Name
Signature Date 1/17/2006

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Reply to the final Office Action dated November 14, 2005.
- ☒ No additional fee is required.


The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	33	-	33	**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-	2	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL								\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: January 17, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California
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FORM PTO-1083

PATENT
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Customer No. 26021

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Serial No: 10/643,717

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Mounted in Package

Art Unit: 2826

Examiner: Andujar, Leonardo

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Signature Date 1/17/2006

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NOTE: FEE MUST BE CALCULATED AS SHOWN BELOW.

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TOTAL CLAIMS FEE	33	-	33	0	LG=\$50 SM=\$25	\$60	\$ 0
INDEPENDENT CLAIMS FEE	2	-	2	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

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- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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Respectfully submitted,
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By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: January 17, 2006

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Juanita Soberanis
Name
Juanita Soberanis 1/17/2006
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REPLY

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Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated November 14, 2005, applicant
replies as follows:

Remarks/Arguments begin on page 2 of this paper.